

GW/UST-3

Notice of Intent: UST Permanent Closure or Change-In-Service

FOR
TANKS
IN
NC

Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location, [SEE REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL OFFICE ADDRESS].

State Use Only

I. D. Number 357-9-1997

Date Received

INSTRUCTIONS

Complete and return five (5) working days prior to closure or change-in-service.

I. OWNERSHIP OF TANK(S)

Tank Owner Name: Parks Service Inc

Street Address: 517 N. Greensboro St

County: DAVIDSON

City: Lexington State: NC Zip Code: 27292

Tele. No. (Area Code): 910-

II. LOCATION OF TANK(S)

Facility Name or Company: Parks Service Inc

Facility ID # (if available): 0-012063

Street Address or State Road: 202 E. 10th St

County: Davidson City: Lexington Zip Code: 27292

Tele. No. (Area Code): 910-

III. CONTACT PERSON

Name: Bill Parks Job Title: owner Telephone Number: ()

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used
5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
7. The site assessment portion of the tank closure must be conducted under the supervision of a Professional Engineer or Licensed Geologist. After January 1, 1994, all closure site assessment reports must be signed and sealed by a P.E. or L.G.
8. Keep closure records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: Enviro Consulting Inc

Address: PO Box 2212 Matthews State: NC Zip Code: 28106

Contact: WR Crothers Phone: 704-846-0100

Primary Consultant: N/A Phone:

VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE		CHANGE IN-SERVICE
			Removal	Abandonment in Place	New Contents Storage
1	1000	Gasoline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title

WR Crothers, Pres Enviro Consulting, Inc

*Scheduled Removal Date: 7-14-97

Signature: WR Crothers

Date Submitted: 6-9-97

*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.

UST-2 Site Investigation Report For Permanent Closure or Change-in-Service of U.S.T.

FOR
TANKS
IN
NC

Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location.
[SEE MAP ON REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL OFFICE ADDRESS].

State Use Only

I.D. Number _____

Date Received _____

INSTRUCTIONS

Complete and return within (30) days following completion of site investigation.

I. Ownership of Tank(s)

Owner Name Parks Service Inc
(Corporation, Individual, Public Agency, or Other Entity)
Street Address 517 N Greensboro St.
County Davidson
City Lexington State NC Zip Code 27292
Area Code _____ Telephone Number _____

II. Location of Tank(s)

Facility Name or Company Parks Service Inc
Facility ID # (if available) 0-012063
202 E 10th St
Street Address or State Road Davidson Lexington 27292
County 910- City _____ Zip Code _____
Area Code _____ Telephone Number _____

III. Contact Person

Name Bill Parks Job Title Owner
Closure Contractor Enviro Consulting Inc Telephone No. (Area Code) 704 846 0100
(Name) (Address) (Area Code)
Lab Prism Labs, Inc. 449 Springbrook Rd. PO Box 240543 Charlotte (704) 329 6364
(Name) (Address) (Area Code) NC, 28224-0543 Telephone No. (Area Code)

IV. UST Information

V. Excavation Condition

VI. Additional Information Required

Tank No.	Size in Gallons	Tank Dimensions	Last Contents	Water in Excavation		Free Product		Notable Odor or Visible Soil Contamination	
				Yes	No	Yes	No	Yes	No
1	1000	48" x 106"	Gasoline		X		X		X

See reverse side of pink copy (owner's copy) for additional information required by N.C. - DEM in the written report and sketch.

VII. Check List

Check the activities completed.

- ☒ Contact local fire marshal
- ☒ Notify DEM Regional Office before abandonment
- ☒ Drain & flush piping into tank
- ☒ Remove all product and residuals from tank
- ☒ Excavate down to tank
- ☒ Clean and inspect tank
- ☒ Remove drop tube, fill pipe, gauge pipe, vapor recovery tank connections, submersible pumps and other tank fixtures.
- ☒ Cap or plug all lines except the vent and fill lines.
- ☒ Purge tank of all product & flammable vapors.
- ☒ Cut one or more large holes in the tanks.
- ☒ Backfill the area.
- Date Tank(s) Permanently closed: 7-12-97
- Date of Change-in-Service: _____

ABANDONMENT IN PLACE

- ☐ Fill tank until material overflows tank opening;
- ☐ Plug or cap all openings;
- ☐ Disconnect and cap or remove vent line
- ☐ Solid inert material used - specify: _____

REMOVAL

- ☒ Create vent hole
- ☒ Label tank
- ☒ Dispose of tank in approved manner
- Final tank destination: _____

Safeway Tank Disposal

VIII. Certification (Read and Sign)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Print name and official title of owner or owner's authorized representative

Signature

Date Signed

W R Crothers, Pres. Enviro Consulting

W R Crothers

8-12-97

State of North Carolina
Department of Environment,
Health and Natural Resources
Winston-Salem Regional Office

James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary



DIVISION OF WATER QUALITY
GROUNDWATER SECTION

August 21, 1997

Bill Parks

Parks Service Center
517 N. Greensboro St.
Lexington, NC 27292

Subject: Parks Service, Inc.
517 N. Greensboro St., Lexington, Davidson County

Dear Sir:

I am in the process of reviewing your closure report. We are unable to process your report without the following items:

-Signed copies of a UST-2 and a UST-3 (enclosed).

Please submit the requested items by October 1, 1997. Call if you have questions.

Sincerely,

Cindy Rintoul

Cindy Rintoul
Hydrogeologist

cc WSR0 Files

8-25-97

Mr. Crothers,

*would you please fill out and return
these forms.*

Thank you,

Mrs. Bill Parks